Logo, company name

Description automatically generated**The Commonwealth of Massachusetts**

**Operational Services Division**

**Office of Vehicle Management**

**VEHICLE / ASSET / DRIVER REASSIGNMENT**

**Asset Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **License Plate Number**: |  | **VIN**: |  |
| **Year/Make/Model**: |  | | |
| **Agency:** |  | | |
| **Agency Fleet Manager:**  (name and title) |  | **Phone and Email:** |  |
| **Agency CFO:**  (name and title) |  | **Phone and Email:** |  |

**Reassignment Information**

**From**

|  |  |
| --- | --- |
| **Current Unit Code:** |  |
| **Current Garage Location:**  (Address, City, Zip) |  |
| **Current Driver:** (full name and title) |  |

**To**

|  |  |
| --- | --- |
| **New Unit Code:** |  |
| **New Garage Location:**  (Address, City, Zip) |  |
| **New Driver:** (full name, EID, and title) |  |

**Justification for Reassignment**

|  |
| --- |
| *If typing in Word, this text box will expand (please attach additional documentation if necessary*). |

**Signature**

**Agency Fleet Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

|  |
| --- |
| **FOR OVM USE ONLY**  OVM Fleet Director: Date Received: |

This form must be submitted to OVM when any vehicle or fleet asset is reassigned within an Agency (to a different assigned driver, different garage location, or a different Unit Code).

When Agencies are transferring vehicles or fleet assets to another Agency, a separate email request must be sent to the OVM Fleet Director. Leased vehicles may not be transferred between Agencies without obtaining approval from OVM prior to the transfer. Additional documentation may be required.

**Instructions:**

**Asset Information**

* **License Plate Number** – Provide the Registry of Motor Vehicles’ license plate number assigned to the vehicle, trailer, or equipment.
* **Vehicle Identification Number** (VIN) – Provide the VIN for the vehicle, trailer, or equipment.
* **Year/Make/Model** – Provide the year, manufacturer, and model name of the vehicle, trailer, or equipment.

## Agency – Provide the complete name of the Agency where the asset currently is assigned.

* **Agency Fleet Manager** – Provide complete name and title of the employee designated as Agency Fleet Manager.
* **Phone and Email** – Provide phone number (including area code) and email address of Agency Fleet Manager.
* **Agency CFO** – Provide complete name and title of the employee designated as the Agency’s financial signatory authority (typically Chief Financial Officer or Chief Fiscal Officer / “CFO”).
* **Phone and Email** – Provide phone number (including area code) and email address of CFO.

**Reassignment Information**

From

* **Current Unit Code** – Provide the Unit Code (billing detail) for the Agency location where the asset is currently assigned.
* **Current Garage Location** – Provide complete address (street address, city/town, and zip code**)** of the current location where the asset is assigned.
* **Current Driver** – Provide first and last name of driver currently assigned to the asset, along with their Employee Identification Number (EID) and title.

To\*

* **New Unit Code** – Provide the Unit Code (billing detail) for the Agency location where the asset is being assigned.
* **New Garage Location** – Provide complete address (street address, city/town, and zip code**)** of the location where the asset is being assigned.
* **New Driver** – Provide first and last name of driver being assigned to the asset, along with their Employee Identification Number (EID) and title.

\*write “SAME” if not changing a particular section

**Justification for Reassignment** – Provide a detailed validation for the asset / driver reassignment.

Agency Fleet Manager must sign and date the form.

Return completed form to Office of Vehicle Management via email to [Vincent.Micozzi@mass.gov](mailto:Vincent.Micozzi@mass.gov). OVM will accept the signed form in Word or via Adobe pdf format.